**Lesson Study Evaluation**

**Lesson: Date:**

**Grade/Stage: Teacher:**

**Lesson Plan Resources**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Further Development** |  | **Further Development** |
|  | **Good** |  | **Good** |
|  | **Excellent** |  | **Excellent** |

**Class Arrangement**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Whole Class** |  | **Group Work** |  | **Group Size** |  | **Individual** |

**Quality Teaching**

|  |  |  |
| --- | --- | --- |
| **Higher Order Thinking**  **1 2 3 4 5** | **Engagement**  **1 2 3 4 5** | **Explicit Criteria**   1. **2 3 4 5** |
| **What worked well?**   * Positives * Good ideas * Useful strategies * Engagement * Student Responses |  | |
| **Questions/Discussions**   * Issues * Things to do differently * Unexpected responses * More explanation needed |  | |
| **Strategies to take back to my class** |  | |
| **Professional Learning**  Please comment on the effectiveness of the lesson to meet your professional needs. |  | |
| **Other Comments** |  | |